NC DIVISION OF AGING AND ADULT SERVICES
NC AREA AGENCIES ON AGING

PERFORMANCE REVIEW: INFORMATION AND ASSISTANCE

Part I: Program Verification

Agency: ____ Date: _____________
Agency Staff Interviewed: ____
Signature of Reviewer: ____

PROGRAM DEFINITION

1. The Agency provides Information. Yes_____ No_____
(III A & B)

2. The Agency provides Assistance. Yes_____ No_____
(III A & B)
(Both must be "yes" to be in compliance with the Information and Assistance Service Standards)

CLIENT ELIGIBILITY

3. Persons served are age 60 years of age or older or are acting on behalf of a person 60 years of age or older. (IV.B.)
(i.e. Client Record, Promotional materials, Service Policies, etc.)
Yes____ No____ NA____

SERVICE PROVISION

4. The Agency has records to show collection of information to state the problem/concern of the individual.(V.B.1)
(i.e. Client Record, Information Log)
Yes____ No____ NA____

5. The Agency has records to show that an individual received information related to stated problem/concern. (V.B.2.)
(i.e.Client Record, Information Log, etc.)
Yes____ No____ NA____

6. The Agency records show that an individual was referred to appropriate services. (V.B. 3)
(i.e. Client Record, Information Log, etc.)
Yes____ No____ NA____

7. The Agency records show evidence that the Agency researched information in order to meet the client's needs. (V.B.4.)
(i.e. Updated resource file connected with case, Attachment C, workers explanation of workers process)
Yes____ No____ NA____

8. A plan stating outcomes expected exists for clients receiving Assistance. (V.B.5.)
(i.e. Client Record, etc.)
Yes____ No____ NA____

9. Agency records show how staff coordinated services to meet the client's needs.(V.B.6)
(i.e. Client Records, etc.)
Yes____ No____ NA____

10. Agency records show follow-up. (V.B.7.)
(most often occurs in assistance cases; i.e. Client Records, etc.)
Yes_____ No_____ NA____

11. Agency records show how staff advocated on behalf of an individual or group of individuals. (V.B.8)
(i.e. Letters of Support, Client Records, Presentations, etc.)
Yes____ No____ NA____

RESOURCE FILE DEVELOPMENT AND MAINTENANCE

12. The Agency maintains a resource file either on computer or manually. (VI.B.1.)

    Yes_____ No_____ NA_____

13. The Agency Resource File has been updated within the last 12 months. VI.B.1.)

    Yes_____ No____ NA____

14. The profile of each organization includes but is not limited to: a) legal name, common name or acronym, b) telephone number, c) service(s)/program(s) provided, d) area served, e) hours of operation. (VI.B.2.)

    Yes____ No____ NA____

    (All must be in place to answer yes)

15. Staff providing Information and Assistance have access to the Resource File. (VI. B.3.)

    Yes___ No____ NA____

COMMUNITY RELATIONS

16. Evidence exists that the Agency has cooperative working relationships with key service provider agencies. (VII.C.1.)

    (i.e. letters of agreement, minutes of collaborative activities, joint committees, fliers, community events, joint publications, client records)

    Yes____ No____ NA____

17. Evidence exists that the Agency has coordinated services with other provider agencies on behalf of clients. (VII.C.2.)

    (i.e. documentation in client record, phone calls to providers, copies of referral forms, letters of agreement between agencies, etc.)

    Yes____ No____ NA____

SERVICE PROMOTION

18. The Agency can show evidence that it promotes the Information and Assistance service. VIII.C.1.)

    (i.e.) Media PSAs, fliers, newsletters, brochures, presentations, etc.)

    Yes____ No____ NA____

19. At least annually the Agency disseminates information regarding community service needs to provider agencies, planners and decision makers. (VIII.C.2.)

    (i.e. Minutes, letters, committee reports, written publications, etc.)

    Yes____ No____ NA____

SERVICE DOCUMENTATION

20. The Agency maintains a daily log or tracking system of contacts. (IX.B.1.)

    Yes____ No____ NA____

21. For each contact, the daily log includes the date, nature of the concern and action taken.(IX.B..)

    Yes____ No____ NA____

    (See Attachment A)

22. For persons receiving Assistance, a record/file exists including a) client ID information, b) identification of client needs; c) client plan; d) action taken and/or agency referral made, and date; and e) follow-up contact and date. (IX.B.)

    (See Attachment A)

    Yes____ No____ NA____

23. The Agency has written procedures in place to assure confidentiality of client information. (IX. B.4)

    Yes____ No____ NA____

REPORTING & REIMBURSEMENT

24. The Agency reports monthly summary of client contacts to the Division of Aging. (X.C.1.)

    (i.e. Compare DAAS reports to Agency records)

    Yes____ No____ NA____

STAFF COMPETENCE AND SUPERVISION

25. The Agency has designated staff (either full-time, part-time, or volunteer) to provide the service. (XI.C.1.)
(i.e. Job descriptions, organizational charts, staff roster, business cards, etc.)
Yes____ No____ NA____

26. Staff has office space, phone and record keeping/reporting systems. (XI.C.2.)
(i.e. daily log, client records, computer system or forms, etc.)
Yes ____ No____ NA____

27. The Agency Orientation program for Information and Assistance includes at a minimum: purpose and function of I & A; the role of the agency; the administrative structure and policies for providing the service. (XI.C.3.a.)
(i.e. orientation schedule, agenda, manual, training notes, etc.)
Yes ____ No____ NA____

28. Staff participated in the Orientation program during the first month of work. (XI.C.3.a.)
(i.e. Personnel files, records of training, Attachment B, etc.)
Yes ____ No____ NA____

29. Staff participated in an in-service education and on-the-job training during the first year of work. (XI.C.3.b)
(i.e. Personnel File, Training records, Attachment B)
Yes ____ No____ NA____

30. The in-service education/on-the-job training included interviewing techniques, communication skills, and skills in the provision of Information and Assistance. (XI.C.3.b.)
(i.e. Training Plan, Supervisor notes, etc.)
Yes____ No____ NA____

31. Staff designated to provide Information and Assistance received at least twelve hours of training each year. (XI.C.4)
(i.e. Training records, personnel files, Attachment B, etc.)
Yes____ No____ NA____

32. Supervision was provided to all Information and Assistance staff. (XI.C.5)
(i.e. Attachment B or Personnel Files, etc.)
Yes____ No____ NA____

34. Supervision is assessing the competency of I & A staff. (XI.B.1.)
(i.e. See Attachment B.)

Yes____ No____ NA____

VOLUNTARY CONTRIBUTIONS

35. The Agency has policies and procedures to assure older persons the opportunity to contribute to the Information and Assistance Service. (XII.B. 1 & 2)
(i.e. Policy and Procedures Manual, etc.)
Yes____ No____ NA____

36. The Agency can account for all contributions received. (XII.B.3)
Yes____ No____ NA____

Please explain any questions with extenuating circumstances or NA answers:

Part II: Fiscal Verification

Agency: ____ Date: _________________
Agency Staff Interviewed: ____
Signature of Reviewer: ____

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	YES	NO	NA
1. At the time of the visit the Agency could show documentation of expenses equal to the portion of grant funds utilized to date.	____	____	____
2. The Agency has documentation that required match money was used to support the Information and Assistance Service.	____	____	____
3. The Agency budget shows HCCBG monies used to support the I & A service.	____	____	____
4. If positions are funded, Agency shows I & A designated position(s) and % of position(s) funded for I & A.	____	____	____
5. Any HCCBG expensed for I and A can be attached to a function of the I & A Service.	____	____	____

6. Verify Program Income reported by ARMS for the period ending _________as follows:

A. Enter the reported Program Income from ARMS for the above referenced date.	____	____	____
B. Enter the Program Income from the General Ledger for the same referenced date.	____	____	____
C. Enter any difference between Lines a and b.	____	____	____
D. After discussing general procedures for collecting, depositing and recording Program Income, test the following:			
1) Two individuals opened and counted contributions.	____	____	____
2) Individuals making deposit were different from individual recording financial transaction. (Small Agencies may have difficulty with sufficient staff to separate these functions. However, the intent is to separate the functions, thereby protecting the staff. Agencies who do not have adequate staff should review creative alternatives to provide as much protections for staff as possible.)	____	____	____
3) Using deposit slip(s), a sample transaction can be traced from point of collection through			

recording in General Ledger. ____ ____ ____

5. At the time of the review, utilization levels are consistent with Block Grant budget projections for the fiscal year. ____ ____ ____

If not describe any extenuating circumstances and or planned adjustments.

ATTACHMENT A:
Service Documentation

CLIENT DATA OR RECORD REVIEW: Used to support monitoring decisions for client eligibility, service provision, and service documentation in Part 1: Program Verification.

1. Information

Request all data on log (or other tracking system) for a given month. Sample 1/10 of contacts (or a maximum of 36) for all staff persons handling Information contacts. The maximum per staff member should be 12 (of 36 total). Since agencies maintain their documentation in different ways, adjust the sampling technique to fit the system. Just make sure a mixture of staff entries from multiple days of the month are included.

This tool is designed to document sample review by staff member (or handwriting) so that patterns of errors can be analyzed easily. If data is missing from more than 20% of sampled contacts, then corrective action is needed.

For each of the contacts sampled, check (☐) if the data exists.

STAFF PERSON #1

	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Nature of concern												
Action taken												

STAFF PERSON #2

	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Nature of concern												
Action taken												

STAFF PERSON #3

	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Nature of concern												
Action taken												

2. Assistance

Assistance clients are those individuals who received planning, coordination, follow-up or advocacy activities. Request all client records (or information maintained on an automated tracking system.
Use a random sample of 1/10 of the agency's Assistance records (or a minimum of 10 client records); if there are less than 10 records, review all. Make sure that a least one record maintained by each staff member providing Assistance is included in the sample. Look for trends by staff person.

Items 1-8 should be found in each record. If absent in more than 20% of records, corrective action is needed. Items 9 and 10 should be found in record, based on the assistance requested/indicated. If not included in more than 20% where requested/indicated, corrective action is needed.

For each of the records sampled, check (☐) if the data exists.

	1	2	3	4	5	6	7	8	9	10	11	12
CLIENT INITIALS or LAST NAME												
1. Date of contact												
2. Client ID (name, address, phone)												
3. Client/caregiver age eligible (60+)												
4. Client needs (problems) identified												
5. Info given to address needs												
6. Referral(s) made and date												
7. Client plan exists												
8. Follow-up contact and date												
9. Coordination of services												
10. Individual/ family advocacy												

ATTACHMENT B:

Staff Review

The agency supervisor of Information and Assistance will complete **the Management Tool for Supervisors, Review of Progress: Information and Assistance** each year and prior to the Area Agency on Aging review of the program. The information on this document should be backed up by information in individual personnel files, training records, etc. If the agency has an annual evaluation or other documentation in place that covers these components, they can be used in lieu of this form.

This tool will also be used by AAA staff to support monitoring decisions on "STAFF COMPETENCE AND SUPERVISION" for items # 27, 28, 30 AND 31. They will also spot check backup information.

- Include each person designated as having responsibility in Information and Assistance.
- Items 1, 2 and 3 will be completed only in the first year of the staff member's assignment to I&A.
- Items 4 and 5 would be completed annually.
- Item 6 would be worked on until all competencies are in place.

Also included is a technical assistance tool for supervisors, **Competencies Appropriate For/Needed By I & A Staff**, who are beginning to track the I&A competence of their staff. While using this particular tool is not required, it includes a set of competencies that are appropriate for I&A staff.

The form, if used, is intended to be maintained in the staff member's personnel file. Once a person is determined to be competent in a particular area, that part is complete and does not need to be re-evaluated, unless later performance proves otherwise. If it is not used, the supervisor is expected to have some other method for measuring/assessing competence of staff.

Attachment B,1

MANAGEMENT TOOL FOR SUPERVISORS
REVIEW of PROGRESS: INFORMATION AND ASSISTANCE STAFF

NAMES OF I & A STAFF

1. Date began I & A responsibilities (first year only)				
2. Date orientation completed (first year only)				
3. Date first year Orientation completed (first year only)				
4. Annual 12 hours of training completed Year 2 __________				
Year 3 __________				
Year 4 __________				
Year 5 __________				
5. Received 1 or more of these types of supervision during the year (check one or more): A. Review of client tracking and/or client records, with feedback				
B. Individual conferences to discuss service problems, case situations, and/or needs of staff member				
C. Case staffing or problem resolution with all I & A staff, as needed				
D. Intermittent observation doing I & A contacts (phone or in person), plus feedback				
E. Provision of immediate backup/support for problem situations				
F. Planned peer review and support				
6. Assessment of competence is addressed by supervisor (date occurrences)				

Attachment B, 2

COMPETENCIES FOR I & A STAFF

Technical Assistance Tool for I & A Supervisors **(*Not Required*)**

NAME OF STAFF MEMBER: ______________________________

COMPETENCIES	**Yes** (date)	**No** (date)	**Working on** (date)
1. Is polite and patient when talking on phone or interviewing client/family.			
2. Asks appropriate questions to determine needs			
3. Able to use screening tools well			
4. Uses own skills (or agency tool) to ask probing questions to identify other problems			
5. Conducts in-depth assessment with clients/families who need more than Information			
6. Gives caller/client options for addressing problems; give options for solutions when appropriate			
7. Makes appropriate linkages between needs and available services or other resources			
8. Uses and updates Resource File correctly			
9. Researches resource information or possible resolutions to questions requested by caller/client			
10. Recognizes situations or crises unable to handle and asks for help			
11. Assists clients/families in advocating for own needs with other systems or resources			
12. Recognizes situations that need personal or group advocacy and takes appropriate action			
13. Maintains log/tracking system accurately and completely for Information cases			
14. Develops appropriate plans with clients/families for complex situations (Assistance cases)			
15. Maintains client record/tracking system for Assistance cases with all required information			
16. Notes are succinct and to the point			
17. Maintains client confidentiality in record keeping and in working with others			
18. Establishes follow-up method(s) with clients/families, as appropriate			

ATTACHMENT C:
SITE REVIEW

This document must be completed by the Provider for each site. It must be filed at the site for review by the AAA during the performance review process.
Name of Site:___________________________________ Date:___________________________________
Provider Review Completed By:____________________ Title:____________________________________

1. The site is accessible to the target population.

   Yes_____ No_____

2. The site is available for walk-in clients.

   Yes_____ No_____

3. A room for confidential interviews with clients is available.

   Yes______ No_____

4. Contribution system in full view.

   Yes_____ No_____

Write any comments.